

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 78780
Milwaukee, WI 53293-0780
FAX #: (608) 267-0592
Phone #: (608) 266-2112

Office Location: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: DSPSCredTrades@wi.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

INSTRUCTIONS FOR COMMERCIAL ELECTRICAL INSPECTOR APPLICATION

Requirements for Credential

Per [Wis. Admin. Code, § SPS 305.62](#), no person may conduct the inspection of electrical wiring in public buildings and places of employment for the purpose of administering and enforcing [Wis. Admin. Code § SPS 316](#) unless the person holds a credential issued by the Department as a certified Commercial Electrical Inspector. A person holding a Commercial Electrical Inspector certification can inspect one- and two-family dwellings.

A person who inspects electrical construction work as a certified Commercial Electrical Inspector shall:

- Maintain a record of the inspections made including the dates and the findings of the inspections;
- Provide a copy of the inspection report to the property owner or his or her agent;
- Make available to the Department upon request his or her inspection records.

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

A person may obtain a credential as a certified Commercial Electrical Inspector by one of the following methods:

Method 1 – Experience and Examination

Completing the necessary hours of experience and passing the Commercial Electrical Inspector certification examination.

1. **Application and Fee:** The fee consists of a \$15.00 application fee and a \$25.00 exam fee. When the exam is passed the applicant will pay a \$40.00 prorated credential fee, based on a 4 year term from June 30th.
2. **Experience:** A person applying for a Commercial Electrical Inspector certification examination shall have **one** of the following: (Complete the Experience Table on Page 2)
 - a. At least 1,000 hours per year for at least 6 years of experience in electrical work. If a person has successfully completed semesters in a school of electrical engineering or other accredited college, university, technical or vocational school in an electrical related program, the applicant may claim 500 hours per semester of experience, with no more than 3,000 hours and 3 years of experience, towards the required experience. **Attach** a copy of transcripts, if applicable.
 - b. At least 1,000 hours per year for at least 3 years of experience in electrical work and has a degree in electrical engineering from an accredited college or university. **Attach** a copy of transcripts from the school or university if you have a degree in engineering.
 - c. At least 1,000 hours per year for at least 3 years of experience in electrical work and holds a credential under [Wis. Stats. § 443](#) as a registered Professional Engineer, a registered Architect or a certified Designer of Electrical Systems. **Attach** a copy of current Wisconsin license.
3. **Examination:** **Select** an exam date on Page 2. For additional information on exam content, please view the Department website at <http://dsps.wi.gov> under “Licenses, Permits, and Registrations” and select “Trades Professions.”

Method 2 – Proof of Current Licensure/Certification

Submitting evidence of holding a current license/certification.

1. **Application and Fee:** The fee consists of a \$15.00 application fee and a \$40.00 prorated credential fee, based on a 4 year term from June 30th. The fee table on Page 1 includes both the application fee and prorated credential fee.
2. **Current License:** **Attach** a copy of one of the following current certifications:
 - Wisconsin Master Electrician license
 - Electrical Inspector or Commercial Electrical Inspector certification issued by the International Code Council (ICC)
 - Master Electrical Inspector certification issued under the International Association of Electrical Inspectors/National Fire Protection Association

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 78780
Milwaukee, WI 53293-0780
FAX #: (608) 267-0592
Phone #: (608) 266-2112

Office Location: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: DSPSCredTrades@wi.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

APPLICATION FOR COMMERCIAL ELECTRICAL INSPECTOR CERTIFICATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK				<input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).
Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Date of Birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Address (street, city, state, zip) <input type="text"/>			Daytime Telephone Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Social Security # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Your Social Security Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.		
Have you ever held a Trades credential in WI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input type="text"/>				
Email Address <input type="text"/>				

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- ☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see further information below)
- ☐ **Method 1 - Experience and Examination**
\$15.00 Application Fee
~~\$25.00~~ Exam Fee
\$40.00 Total Fee Attached
- ☐ **Method 2 – Proof of Current Licensure/Certification**
(see Prorated Credential Fee Table below)
- ☐ **Reinstatement Fee (credential expired more than 4 years)**
(\$25.00 Late Renewal Fee + Method 1 or Method 2 fee)

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- ☐ **Fee and Application** (including signature on Page 3)
- ☐ **Supporting Documentation for Method Applying by** (see Page i for instruction, i.e. copy of transcripts, proof of current license/certification)
- ☐ **Is name on all credentials the same?** If not, list former/maiden name(s):

Prorated Credential Fee Table – Method 2			
Select the month the application is mailed. The fee below includes both the application and credential fee.			
<input type="checkbox"/> January - \$50.02	<input type="checkbox"/> February - \$49.19	<input type="checkbox"/> March - \$48.36	<input type="checkbox"/> April - \$47.53
<input type="checkbox"/> May - \$46.70	<input type="checkbox"/> June - \$45.87	<input type="checkbox"/> July - \$55.00	<input type="checkbox"/> August - \$54.17
<input type="checkbox"/> September - \$53.34	<input type="checkbox"/> October - \$52.51	<input type="checkbox"/> November - \$51.68	<input type="checkbox"/> December - \$50.85

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under “Licenses, Permits, and Registrations” and select “Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses” for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

Wisconsin Department of Safety and Professional Services

EXPERIENCE TABLE: METHOD 1

Document at least 1,000 hours per year of experience in electrical work. Use a separate row for each 12 month period. The witness must have observed or had knowledge of the number for work hours performed in electrical work. If a person has completed semesters in a school of electrical engineering or an accredited college, university, technical or vocational school in an electrical related program, the applicant may claim 500 hours for each semester up to a total of 3,000 hours and 3 years towards the required experience. Copies of this page may be made to mail to witnesses to sign. (attach additional sheet(s) if necessary).

Month/Year Began	Month/Year Ended	Hours	Signature of Witness OR Name of School	Phone # of Witness
□□ / □□	□□ / □□	□□□		□□□□□□
□□ / □□	□□ / □□	□□□		□□□□□□
□□ / □□	□□ / □□	□□□		□□□□□□
□□ / □□	□□ / □□	□□□		□□□□□□
□□ / □□	□□ / □□	□□□		□□□□□□

TO SCHEDULE AN UPCOMING EXAM: METHOD 1

- Indicate a **first date choice (1)** and a **second date choice (2)** in the event one exam site is full.
- Submit the **fee and this application to the Department at least 30 days in advance of the exam date chosen.**
- Keep a copy of this application for your records. You may only schedule one future exam session at a time for each credential type.
- You will receive a letter from DSPS confirming your upcoming exam, including the time, date and location of the exam.
- If you need special accommodations, please contact us at DSPSCredTrades@wi.gov.

Select One: ☐ A.M. (Starts at 8:00 a.m.) **or** ☐ P.M. (Starts at 1:00 p.m.)

Pewaukee – WCTC Education Center 800 Main St., Pewaukee, WI 53072	<input type="checkbox"/> October 26, 2016	<input type="checkbox"/> November 9, 2016	<input type="checkbox"/> December 14, 2016	
	<input type="checkbox"/> January 25, 2017	<input type="checkbox"/> February 15, 2017	<input type="checkbox"/> March 8, 2017	<input type="checkbox"/> April 5, 2017
	<input type="checkbox"/> May 17, 2017	<input type="checkbox"/> June 21, 2017	<input type="checkbox"/> July 12, 2017	<input type="checkbox"/> August 23, 2017
	<input type="checkbox"/> September 27, 2017	<input type="checkbox"/> October 11, 2017	<input type="checkbox"/> November 8, 2017	<input type="checkbox"/> December 19, 2017
Eau Claire – SleepInn Conference Center 5872 33 rd Ave., Eau Claire, WI 54703	<input type="checkbox"/> February 2, 2017	<input type="checkbox"/> April 18, 2017	<input type="checkbox"/> June 6, 2017	<input type="checkbox"/> August 8, 2017
	<input type="checkbox"/> October 24, 2017	<input type="checkbox"/> December 6, 2017		
Eau Claire – Best Western Plus Conference Center 3340 Mondovi Rd., Eau Claire, WI 54701		<input type="checkbox"/> December 7, 2016		
Appleton - Fox Valley Technical College 1825 North Bluemound Dr., Appleton 54914	<input type="checkbox"/> November 22, 2016	<input type="checkbox"/> January 11, 2017	<input type="checkbox"/> March 21, 2017	<input type="checkbox"/> May 3, 2017
	<input type="checkbox"/> July 25, 2017	<input type="checkbox"/> September 12, 2017	<input type="checkbox"/> November 21, 2017	

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> under “Licenses, Permits, and Registrations” and select “Trades Professions.”

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT:

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /